

## PART B - FEE(S) TRANSMITTAL

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30547            7590            03/03/2009  
**BEVER HOFFMAN & HARMS, LLP**  
**2099 GATEWAY PLACE**  
**SUITE 320**  
**SAN JOSE, CA 95110**

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(Depositor's name)
<b>FILED ELECTRONICALLY</b>
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/782,394	02/18/2004	Paul J. Husted	ATH-0125	4348

**TITLE OF INVENTION: METHOD AND APPARATUS FOR SELECTIVE DISREGARD OF CO-CHANNEL TRANSMISSIONS ON A MEDIUM**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/03/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				
BURD, KEVIN MICHAEL	2611	375-252000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<b>1 BEVER, HOFFMAN &amp; HARMS, LLP</b> <b>2 Jeanette S. Harms</b> <b>3 Jeanette S. Harms</b>	

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Atheros Communications, Inc.**

**Santa Clara, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

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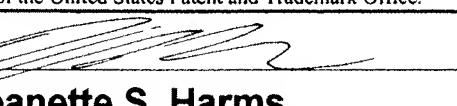
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 The Director is hereby authorized to charge 50-0574 any deficiency, or credit any overpayment, to Deposit Account Number 50-0574 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Typed or printed name **Jeanette S. Harms**

Date **March 11, 2009**

Registration No. **35,537**

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